01-19-07

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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Alexandria, Virginia 22313-1450 (571)-273-2885 or <u>Fax</u> The Public All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 10/24/2006 Certificate of Mailing or Transmission Docket Clerk I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. Drawer 800889 Dallas, TX 75380 01/22/2007 MBELETE2 00000033 10080877 (Depositor's name 01 FC:1501 1400.00 OP (Signature) 300.00 OP 02 FC:1504 (Date) 03 FC:8001 15.00 OP APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. FIRST NAMED INVENTOR CONFIRMATION NO. 10/080.877 02/22/2002 PRES06-00181 Ronald A. Schachar 9828 TITLE OF INVENTION: SYSTEM AND METHOD FOR MAKING INCISIONS FOR SCLERAL EYE IMPLANTS APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 01/24/2007 \$0 **EXAMINER** ART UNIT **CLASS-SUBCLASS** EREZO, DARWIN P 606-166000 3731 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a ☐ "Fcc Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ReFocus Ocular, Inc. Dallas, Texas Please check the appropriate assignee category or categories (will not be printed on the patent): Undividual 🗹 Corporation or other private group entity Undoernment 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fce A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) Advance Order - # of Copies __5 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature William A. Munck 39,308 Typed or printed name Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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1P &DQCKET NO.: PRES06-00181 Castomer No.: 23990

JAN 1 8 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of:

Ronald A. Schachar et al.

Application No.

: 10/080,877

Filed

February 22, 2002

For

SYSTEM AND METHOD FOR MAKING INCISIONS FOR

SCLERAL EYE IMPLANTS

Art Unit

3731

Examiner

Darwin P. Erezo

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING BY EXPRESS MAIL

The undersigned hereby certifies that the following documents:

- 1) Part B Issue Fee Transmittal (in duplicate);
- 2) Check in the amount of \$1,715.00 for issue fee (\$1,400.00), publication fee (\$300.00) and soft copies of patent (\$15.00);
- 3) Fee Transmittal for FY 2006 (in duplicate); and
- 4) A Postcard receipt

relating to the above application, were deposited as "Express Mail", Label No. EV915229457US with the United States Postal Service, addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 2007.

(1R 1

Date:

Date:

P.O. Drawer 800889

Dallas, Texas 75380 Phone: (972) 628-3600 Fax: (972) 628-3616

E-mail: wmunck@munckbutrus.com

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William A. Munck

Reg. No. 39,308

Fee Description Fee (\$) Fee (\$	1 8 2007						PTO/SB/17 (12-0
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FEE TRANSMITTAL FOR FY 2006 Application Number In/1080,877 Filing Date February 22, 2002 First Named Inventor Ronald A. Schachar Examiner Name Darwin P. Erezo Art Unit 3731 Attorney Docket No. PRES06-00181 METHOD OF PAYMENT (S) 1,715.00 Attorney Docket No. PRES06-00181 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Charge fee(s) indicated below Charge fee(s) Charge fee(s) Charge fee(s) indicated below Charge fee(s) Charge fee(s	Effe	ctive on 12/08/	2004.				
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SUBMITTED BY				
Signature	Will	OMmy	Registration No. (Attorney/Agent) 39,308	Telephone 972-628-3600
Name (Print/Type	William	A. Munck		Date) 1, 18, 2007

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